Linder the Pa	enenwork Reduction Act of	1995 no person are requi	ired to res	U.S. Patent	and Trader	oved for use through mark Office; U.S. DEF	04/30/2007. C PARTMENT O	F COMMERCE	
				respond to a collection of information unless it displays a valid OMB control number. Complete if Known					
Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/603,4			3-Conf. #3518		
FEE TRANSMITTAL				Filing Date		June 24, 2003			
For FY 2007				First Named Inventor		Adele_L. Boskey			
				Examiner Name E		B. Y. S. Kwon			
Applicant claims small entity status. See 37 CFR 1.27				Art Unit		1614			
TOTAL AMOUNT OF PAYMENT (\$) 790.00				Attomey Docket No.		05983/100J990-US1			
METHOD OF	PAYMENT (check	all that apply)		-			_		
Check X Credit Card Money Order None Other (please identify):									
Deposit A	Count Deposit Account	 Number: 04-0100 Depo	ച osit Accou	int Name:		Darby & Darby	P.C.		
For the	above-identified depo	osit account, the Dire	ctor is h	ereby authorize	d to: (che	ck all that apply)			
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee									
x Charge any additional fee(s) or underpayments of x Credit any overpayments									
fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCU									
		LING FEES Small Entity		RCH FEES Small Entity		NATION FEES Small Entity			
Application T			ee (\$)	Fee (\$)	Fee (\$)		Fees Pa	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200		300	150	160	80			
Reissue Provisional	300 200	150 100	500 0	250 0	600 0	300 0			
		100	U	U	U	U		mall Entity	
2. EXCESS CLAIM FEES Fee Description Feek plain area 20 (including Reinage)								Fee (\$)	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)							50 200	25 100	
Multiple dependent claims							360	180	
Total Claims	Extra Claims	Fee (\$)	Fee Pai	id (\$)	м	ultiple Depender	-	100	
		50.00 =	0.0	1	_		ee Paid (\$)		
	ber of total claims paid for	, if greater than 20.					,		
Indep. Claims 5	- 5 = Claims	Fee (\$) 200.00 =	Fee Pai						
	ber of independent claims			<u> </u>					
listings und	ation and drawings exter 37 CFR 1.52(e)),	cceed 100 sheets of p the application size for 5 U.S.C. 41(a)(1)(G)	ee due i	is \$250 (\$125 fo					
Total Sheet	s <u>Extra Sheet</u>	<u>Number of e</u>	ach add	litional 50 or fract			Fee P	aid (\$)	
- 100 = /50 = (round up to a whole number) x =									
Non-English Specification, \$130 fee (no small entity discount)									
•	•	1801 Request for		•	on (RCE	<u>:)</u>	790	0.00	
SUBMITTED BY									
Signature	le. Ka			egistration No. ttomey/Agent)	36,073	Telephone	(212) 527-7700		
Name (Print/Type)	Ronnie Kramer C	arnov				Date	May 7, 2007		